lens, and the cataracts are removed from the interior of the capsule **14**. In doing so, the posterior capsule **16** of the lens **14** is left intact as well as an annular portion around the outer periphery of the anterior capsule **13** thus forming an annular anterior lead **18**.

Referring now to FIGS. **1—3**, a first preferred embodiment of the posterior chamber lens implant **20** of the present invention is thereshown and comprises a central optic **22** having a front convex surface **24** (FIG. **1**) and a generally planar rear surface **26**. The optic **22**, which is typically constructed of plastic, is designed to reproduce or approximate the optical qualities of the lens of the human eye.

As is best shown in FIGS. **3** and **4**, an annular ridge **28** is formed around the outer periphery on the rear surface **26** of the optic **22** so that the ridge **28** protrudes rearwardly from the optic **22**. This ridge **28** is preferably continuous and integrally constructed with the optic **22**. The ridge **28** illustrated in FIG. **4** is generally semicircular in cross sectional shape although other shapes, such as a square cross sectional shape as shown for the ridge **28'** in FIG. **5**, may alternatively be used.

With reference again to FIGS. **1** and **2**, the lens implant **20** is positioned within the posterior chamber **30** of the eye **10** so that the ridge **28** flatly abuts against the posterior capsule **16**. In doing so, the ridge **28** spaces the rear surface **26** of the optic **22** forwardly from the posterior capsule **16**. This spacing, which is exaggerated in FIG. **1** for clarity, is preferably less than a few millimeters.

Any conventional means may be used to secure the lens implant **22** within the posterior chamber **30**. However, as shown in the drawing, one or more haptics **32** are secured to and extend radially outwardly from the optic **22**. A portion **34** of each haptic is positioned between the posterior capsule **16** and the anterior lead **18**. Following extracapsular surgery, the anterior lead **18** folds against the posterior capsule **16** thus sandwiching the haptic portions **34** therebetween and securing the lens implant **20** in place. The use of haptics **32** positioned in between the posterior capsule **16** and anterior lead **18** is well known in the art.

With reference now particularly to FIG. **6**, a still further preferred embodiment of the lens implant **20'** is thereshown and comprises an optic **22'** which is convexo-concave in shape. As such, the optic **22'** includes a front convex surface **24'** and a rear concave surface **26'**. Consequently, with the lens implant **20'** positioned within the posterior chamber **30**, only the outer periphery **36** of the optic **22'** abuts against the posterior capsule **16** and spaces the central portion of the optic rear surface **26'** forwardly from the posterior capsule **16**.

It will be understood, of course, that still other constructions for the lens implant **20** may be used to space the rear surface **26** of the optic **22** forwardly from the posterior capsule **16**.

By spacing the rear surface **26** of the optic **22** forwardly from the posterior capsule **16**, the present invention enables the safe use of a laser to perform a posterior capsulotomy in the event that the posterior capsule subsequently becomes clouded or obscured. As previously described, unlike discission and membrane cutting, laser posterior capsulotomy completely eliminates the possibility of bacterial infection or the introduction of other contaminants into the eye.

Having described my invention, however, many modifications thereto will become apparent to those skilled in the art to which it pertains without deviation from the spirit of the invention as defined by the scope of the appended claims.

I claim:

**1**. A posterior chamber lens implant for a human eye for use after extracapsular surgery in which a posterior capsule is left substantially intact, said lens implant comprising:

a substantially circular rigid optic having a front surface, a rear surface and a substantially circular and continuous outer rear edge, said front surface being a continuous convex surface and said rear surface being a continuous concavely curved surface extending between said outer rear edge,

means for securing said optic to the eye within the posterior chamber so that said outer rear edge abuts against the posterior capsule and so that the rear concavely curved surface of said optic is spaced from the posterior capsule by a distance sufficient to safely allow a subsequent laser posterior capsulotomy.

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